

AMENDED IN ASSEMBLY JULY 13, 2005

AMENDED IN SENATE JUNE 1, 2005

AMENDED IN SENATE APRIL 28, 2005

AMENDED IN SENATE APRIL 20, 2005

AMENDED IN SENATE APRIL 7, 2005

SENATE BILL

No. 739

Introduced by Senator Speier

February 22, 2005

An act to add Sections 1279.1, 128752, and 128753 to, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

SB 739, as amended, Speier. Hospitals: infection control.

Existing law provides for the licensure and regulation by the State Department of Health Services of health facilities, including general acute care hospitals. A violation of these provisions by a health facility is a crime. Existing law requires health facilities to file reports containing health facility data with the Office of Statewide Health Planning and Development.

This bill would require a general acute care hospital to have a written infection control program for the surveillance, prevention, and control of infections. The bill would require the department to *annually* evaluate *and* revise the program and would authorize the department to require the hospital to submit a plan of correction. Because the bill would add to the requirements of a health facility, and a violation of those requirements would be a crime, the bill would impose a state-mandated local program.

This bill would require a general acute care hospital to collect and maintain data on selected hospital-acquired infections. The bill would require the establishment of a multidisciplinary advisory panel by the office to monitor the statewide planning and oversight of hospital collection and risk-adjustment of hospital-acquired infection data. *It would require the hospital to report specified information to the office.* By increasing the duties of local health officials with respect to service on the advisory panel, the bill would impose a state-mandated local program.

This bill would require the office, by January 1, 2007, to establish data collection and reporting methods and timelines, as well as other related operating procedures, based upon the recommendations of the advisory panel. The bill would declare legislative intent that certain data be made available to the public regarding hospital-acquired infections, and would limit the scope of the data to be collected prior to January 1, 2008. The bill would prohibit hospital-acquired infection data made available to the public from containing personally identifiable information and would require that data supplied to state agencies be used only for the purpose of tracking rates of specific hospital-acquired infections. The bill would require the data collection to be subject to the oversight of the multidisciplinary advisory panel.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. Section 1279.1 is added to the Health and
- 2 Safety Code, to read:
- 3 1279.1. (a) A general acute care hospital shall adopt~~and~~
- 4 ~~implement~~, *implement, and annually evaluate* a written infection

1 control program for the surveillance, prevention, and control of
2 infections. *The hospital's infection control program shall be*
3 *revised annually, or more often as needed.*

4 (b) Each hospital shall implement all applicable ~~Category IA~~
5 ~~recommendations~~ *performance indicators or measures* from
6 current Centers for Disease Control and Prevention and
7 *Healthcare Infection Control Practices Advisory Committee*
8 guidelines no later than one year following their publication. The
9 hospital shall maintain for inspection by the department a record
10 of evidence-based steps adopted to reduce hospital-acquired
11 infections and annual summary data on the infections rates.

12 (c) *Each hospital's infection control program shall maintain*
13 *for inspection by the department a record that documents the*
14 *implementation of evidence-based, process-improvement*
15 *interventions adopted to reduce hospital-acquired infections and*
16 *an annual summary of risk-stratified data on the rates of*
17 *infection.* In conducting inspections pursuant to Section 1279, the
18 department shall evaluate the hospital's infection control
19 program. If, during the inspection, the department determines
20 that the health or safety of patients is at risk due to a deficient
21 infection control program, the department may require that the
22 hospital submit a plan of correction. ~~A hospital may voluntarily~~
23 ~~provide the department with information regarding its efforts to~~
24 ~~minimize hospital-acquired infections, and the department shall~~
25 ~~consider that information in determining whether to take further~~
26 ~~action.~~

27 ~~(d) The infection control program shall be updated annually,~~
28 ~~or more often, as needed.~~

29 (e)

30 (d) A hospital subject to this section shall maintain for
31 inspection by the department a record of its activities and
32 programs to reduce hospital-acquired infections, as defined in
33 subdivision (a) of Section 128752.

34 (e) *Each hospital shall participate in the hospital-acquired*
35 *infection reporting system of the National Healthcare Safety*
36 *Network of the Centers for Disease Control and Prevention.*

37 SEC. 2. Section 128752 is added to the Health and Safety
38 Code, to read:

39 128752. (a) As used in this chapter, "hospital-acquired
40 infection" means an infection meeting the current epidemiologic

1 definitions of a nosocomial infection, as standardized by the
2 National Healthcare Safety Network of the Centers for Disease
3 Control and Prevention (CDC).

4 (b) (1) It is the intent of the Legislature that data be made
5 public regarding hospital-acquired infections in order to improve
6 the quality of care in hospitals. It is further the intent of the
7 Legislature that the data collected prior to January 1, 2008, be
8 limited to *hospital-acquired infections identified during the*
9 *hospital stay and any infection related readmission within the*
10 *first 30 days of discharge and the following:*

11 (A) Surgical site infections following surgical procedures
12 involving a high risk for mortality or serious morbidity, ~~or~~
13 ~~procedures~~ involving a high volume of patients, such as coronary
14 artery bypass graft surgery, total hip replacement, laminectomies,
15 or laparoscopic ~~appendectomies~~ *cholecystectomies*. The office, in
16 consultation with the advisory panel established pursuant to
17 Section 128753, shall determine two of these surgical procedures
18 for which hospital-acquired ~~risk-adjusted~~ infection data shall be
19 reported.

20 (B) Central-line associated blood stream infections in
21 intensive care units *as stratified according to type of unit.*

22 (2) Commencing January 1, 2008, the office, in consultation
23 with the advisory panel established pursuant to Section 128753,
24 shall consider the addition of ventilator-associated pneumonia as
25 well as any other types of infections or hospital units, *for*
26 *surveillance of laboratory-confirmed central-line associated*
27 *blood stream infections*, as the office may determine pursuant to
28 this section.

29 (3) Hospital-acquired infection data made available to the
30 public shall not contain personally identifiable information.
31 Hospital-acquired infection data supplied to state agencies shall
32 only be for the purpose of tracking rates of specific
33 hospital-acquired infections.

34 (c) Collection of data required by this section shall be subject
35 to oversight by the advisory panel established pursuant to Section
36 128753.

37 (d) The office shall adopt regulations to implement this
38 section.

(e) This section shall become inoperative five years after commencing the collection and reporting of data by hospitals under subdivision (f) of Section 128753.

SEC. 3. Section 128753 is added to the Health and Safety Code, to read:

128753. (a) A general acute care hospital shall collect ~~and maintain~~, *maintain, and report to the office and the multidisciplinary advisory panel the risk-stratified* data on selected hospital acquired infections. The hospital shall analyze and use that data to improve quality of care. The data shall be subject to inspection by the office.

~~(b) The data shall be collected and risk adjusted using methods and definitions standardized by the National Healthcare Safety Network of the federal Centers for Disease Control and Prevention (CDC).~~

(b) Each hospital shall participate in the hospital-acquired infection reporting system of the National Healthcare Safety Network of the Centers for Disease Control and Prevention for the purposes of collecting and risk adjusting the data required by this section and Section 128752.

(c) Each hospital shall document comparison of its rates with the rates published by the office at the next regularly scheduled meeting of its infection control committee, within 180 days of the publication and release of the report by the department.

(d) Each hospital shall report to the office both of the following:

(1) The change in its rate of hospital-acquired infections every two quarters, comparing each six-month period to the prior six-month period.

(2) Whether the rate of infection is above, equal to, or below the benchmark for the specified type of infection established by the Centers for Disease Control and Prevention National Nosocomial Infection Surveillance System, or its successor.

(e) A hospital may voluntarily report its rate of infection.

~~(f)~~

(f) (1) A multidisciplinary advisory panel shall be established by the office to monitor the statewide planning and oversight of hospital collection ~~and risk adjustment~~ of hospital acquired infection data.

(2) The panel shall include persons with expertise in the surveillance, prevention, and control of hospital-acquired infections, including the department, the office, and local health department officials, health care infection control professionals, health care providers, *physicians with expertise in infectious disease and hospital epidemiology, integrated health care systems*, and consumers.

~~(e) The following process measures shall be initially reported by hospitals to the office:~~

(3) *The panel may recommend that hospitals report process measures in addition to those listed in subdivision (g) to accommodate best practices, such as bundling several process measures to achieve effective prevention of infection.*

(g) *A general acute care hospital shall collect and maintain data on selected process measures and report these measures to the office and make them available to the public no later than June 1, 2007. The following process measures shall be initially reported by hospitals to the office:*

(1) ~~Surgical antimicrobial prophylaxis for selected surgical procedures.~~ *procedures, as identified as performance measures by the Centers for Medicare and Medicaid Services and the Joint Commission on Accreditation of Healthcare Organizations.*

(2) Influenza vaccination coverage rates for health care personnel in all hospitals.

~~(f)~~

(h) On or before January 1, 2007, the office shall establish all of the following, based upon the recommendations of the advisory panel:

(1) The method for collecting data by a hospital.

(2) The method for reporting data to the office.

(3) The timeline for individual hospitals to collect and publicly report data.

(4) The method for validating data reported by a hospital to the office.

(5) The method for risk adjustment of infection rates.

(6) The nature and timing of reports by the office to hospitals and to the public.

(7) The resources and infrastructure needed for a reporting system, including a proposal to increase the minimum ratio of infection control professionals required by Title 22 of the

1 California Code of Regulations to 1/100 beds based on average
2 daily census.

3 (i) *The data collection requirements of this section shall be*
4 *limited to hospital acquired infections identified during the*
5 *hospital stay and any infection related readmissions within the*
6 *first 30 days after discharge.*

7 ~~(g)~~

8 (j) This section shall become inoperative five years after
9 commencing the collection and reporting of data by hospitals
10 under subdivision-~~(f)~~ (h).

11 SEC. 4. The Legislature intends all of the following:

12 (a) The Office of Statewide Health Planning and Development
13 shall use its existing fee authority to pay for its direct costs for
14 the data collection required by ~~this act~~ *Sections 128752 and*
15 *128753 of the Health and Safety Code.*

16 (b) The State Department of Health Services shall use its
17 existing fee authority to pay for its direct costs for the data
18 collection required by ~~this act~~ *Section 1279.1 of the Health and*
19 *Safety Code.*

20 (c) The existing fee authority for the Office of Statewide
21 Health Planning and Development and the State Department of
22 Health Services shall not be used to finance the hospital's costs
23 required by ~~this act~~ *Sections 1279.1, 128752, and 128753 of the*
24 *Health and Safety Code .*

25 SEC. 5. No reimbursement is required by this act pursuant to
26 Section 6 of Article XIII B of the California Constitution for
27 certain costs that may be incurred by a local agency or school
28 district because, in that regard, this act creates a new crime or
29 infraction, eliminates a crime or infraction, or changes the
30 penalty for a crime or infraction, within the meaning of Section
31 17556 of the Government Code, or changes the definition of a
32 crime within the meaning of Section 6 of Article XIII B of the
33 California Constitution.

34 However, if the Commission on State Mandates determines
35 that this act contains other costs mandated by the state,
36 reimbursement to local agencies and school districts for those
37 costs shall be made pursuant to Part 7 (commencing with Section
38 17500) of Division 4 of Title 2 of the Government Code.

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